

APPROVAL FOR CHILD DAY CARE

- ☐ Town Zoning Department
 - ☐ Town Building Department
 - ☐ Town Fire Marshal Expiration Date: _____
 - ☐ Director of Health

AN ☐ Inspection

□ Architectural Review

☐ **Administrative Review**Reason for Approval Request

HAS BEEN COMPLETED ON:

☐ **Child Day Care Center – Program Name:** _____ **Lic.#** _____

☐ **Group Day Care Home – Program Name:** _____ **Lic.#** _____

LOCATED AT: _____
(Street Address)

(Town) (State) (Zip)

IS CONSTRUCTED IN ACCORDANCE WITH APROPRIATE USE GROUPS
AND:

- ☐ **Connecticut State Building Code (CGS sec. 29-252-1c)**
 - ☐ **Connecticut State Fire Safety Code (CGS sec. 29-292-8d)**
 - ☐ **New Day Care Occupancies**
 - ☐ **Existing Day Care Occupancies**
 - ☐ **Other** _____
(list code title, edition, and section)
 - ☐ **Town Zoning Regulations**
 - ☐ **Health Ordinances**

☐ **PRELIMINARY APPROVAL IS GRANTED**

☐ FINAL APPROVAL IS GRANTED

Signed:_____

Title: _____

Town: _____

Date: _____